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NONPROFIT **CORPORATION** ANNUAL REPORT



SIGNATURE: FOR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DOCUMENT # 714461 (1) THE SPRINGHEAD VOLUNTEER FIRE DEPARTMENT, INC.						
rincipal Pla	ace of Business	Mailing Address		- 1 ARAIN HORRY NIGHT BURIT BURIT BURIT BURIT BURIT W	<u>ai afail tiriil thail dhail</u>	ATEN BIRIK IBIK
503 CORONET RD. LANT CITY FL 33566-8612		4503 CORONET RD. PLANT CITY FL 33566-8612				
				 Date Incorporated or Qualified 04/18/1968 	3a. Date of Las	
Principal	Place of Business	2a. Mailing Address		4. FEI Number	12/06/19	
		26		23-7295052	<u> </u>	Applied For Not Applicable
Suite, Ap	it. #, etc.	Suite, Apt. #, etc).	5. Certificate of Status Desired	\$8.7	5 Additional
City & Sta	ate	City & State	·			Required
		28		6. Election Campaign Financing		00 May Be
Zip	Country	Zip	Country	Trust Fund Contribution 8. This corporation has liability for in	Add	ed to Fees
	25 Name and Address of C	29	30	This corporation has liability for in Florida Statutes	Yes 🗌 No	. 199.032,
	9. Name and Address of Curre	ent Hegistered Agent		10. Name and Address of New Re	gistered Agent	
RROWN	C DAMD ID		81 Name			
Brown, C. David Jr. 2505 S. Wiggins Road			82 Street Add	Iress (P.O. Box Number is Not Acceptable	9)	
	OITY FL 33566		83			
			84 City		85 Z	p Code
Pursuani	t to the provisions of Sections 617.050	2 and 617.1508, Florida Sta	atutes, the above-named corpo	oration submits this statement for the purpo		•
 Pursuani or registe familiar v GNATURE 	viri, and accept the obligations of, Sec	tion 617.0503, Florida Statu	atutes, the above-named corpo	oration submits this statement for the purpor ard of directors. I hereby accept the appoir		•
BNATURE	Signature, typed or printed name of registered agent	tion 617.0503, Florida Statu Land tilki rapplicatio	atutes, the above-named corporation's bookles. INDIE: Registered Agent signaturu require.	ed when reinstatings	Ose of changing its nument as registered	registered office I agent. I am
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